

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY****NOTICE OF REGISTRATION OF  
OUT OF STATE SUPPORT ORDER  
(UIFSA)****CASE NO.**

Friend of the Court address

Telephone no.

**TO:**

Name and address of respondent (non-registering party)

Petitioner's name

**v**

Respondent's name

1. Date of registration: \_\_\_\_\_

2. Date of notice: \_\_\_\_\_

3. An order for  
☐ payment of support,  
☐ income withholding to pay child support,issued by a court in \_\_\_\_\_  
County and statehas been registered with the county clerk of this  
county for ☐ enforcement. ☐ modification.

4. Arrearage: \$ \_\_\_\_\_

5. A copy of the registered support order and other related documents are attached to this notice.
6. The attached order will automatically become an ORDER OF THIS COURT and will be enforceable in this state as if the order was issued in this state and you will not be permitted any further opportunity to challenge it.
7. If you wish to contest the validity or enforcement of this registered order, you must petition the court within 20 days from the date this notice was served on you (see proof of service on back) by completing the request for hearing on the bottom of this notice and returning it to the court address above.
8. If you request a hearing, you will be notified of the date, time, and place for the hearing, by first class mail sent to the address you provide.
9. At the hearing on the petition you may present only matters available as a defense in an action to enforce a foreign money judgment.

☐ Check this box to request a hearing. Complete the request and return it to the friend of the court at the above address.

**REQUEST FOR HEARING**

I request a hearing on the matter of the registration of a support order for the following reason(s): (check all that apply)

- ☐ The ☐ registering state does not ☐ issuing state did not have personal jurisdiction over me.
- ☐ The order was obtained by fraud.
- ☐ The order has been vacated, suspended, or modified by later order.
- ☐ The issuing state has stayed its order pending appeal.
- ☐ The arrearage amount stated is wrong because I have made full or partial payment.
- ☐ The statute of limitations precludes enforcement of some or all of the arrearages.
- ☐ The following defense is available under the laws of this state to the remedy sought to enforce the registered order:

☐ Other (explain): \_\_\_\_\_

My address, if different from above, is: \_\_\_\_\_

Date

Signature

**Proof of Service on reverse**

**PROOF OF SERVICE**

**Notice of Registration of  
Out of State Support Order**  
Case No. \_\_\_\_\_

**TO PROCESS SERVER:** You must serve the copies of the notice of registration of out of state support order and all attachments and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

**CERTIFICATE / AFFIDAVIT OF SERVICE / NON-SERVICE**

☐ **OFFICER CERTIFICATE**

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2)], and that: (notary not required)

**OR**

☐ **AFFIDAVIT OF PROCESS SERVER**

Being first duly sworn, I state that I am a legally competent adult who is **not** a party or an officer of a corporate party, and that: (notary required)

- ☐ I served a copy of the notice of registration of out of state support order together with all attachments by:  
☐ personal service   ☐ registered mail (return receipt attached)   ☐ certified mail (return receipt attached)  
on:

Name of respondent	Complete address of service	Day, date, time
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- ☐ After diligent search and inquiry, I have been unable to find and serve the respondent. I have made the following efforts in attempting to serve process: \_\_\_\_\_

- ☐ I have personally attempted to serve a copy of the notice of registration of out of state support order together with all attachments on \_\_\_\_\_  
Name

at \_\_\_\_\_  
Address

and have been unable to complete service because the address was incorrect at the time of filing.

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

Signature \_\_\_\_\_

Title \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Deputy court clerk/Notary public

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received a copy of the notice of registration of out of state support order together with all attachments

on \_\_\_\_\_ .  
Day, date, time

Signature of respondent \_\_\_\_\_